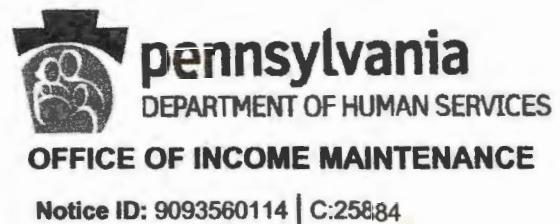


10/9/20
Income
Verification

Chalmers Simpson
636 Curtin St Fl 1
Harrisburg, PA 17110-2424



Notice ID: 9093560114 | C:25884

Mail Date: 10/02/2020
Record ID: 22/0385325
MCI#: 002611392

COMPASS: The fast and easy
way to apply for benefits
www.compass.state.pa.us

The Department of Human Services (DHS) is writing to you about your Medical Assistance (MA) and Supplemental Nutrition Assistance Program (SNAP) benefits.



Medical Assistance (MA)

Chalmers

You **qualify** for Medical Assistance effective 10/01/2020.

You **qualify** for the state to begin paying your Medicare Part B premium (Buy-In) effective 10/01/2020.

If you do not agree with this decision, fill out the enclosed Fair Hearing form and mail or give it to your caseworker. It must be postmarked or received on or before November 01, 2020.

Chalmers:

For the period you qualify, we determined your countable income is \$851.00 each month after allowable deductions and/or expenses.

As part of your MA benefits, we will pay your Medicare Part B premium starting with the first month that you qualify. If you already paid premiums for some of the months that you qualify, you will get a refund from Social Security. Within three months, you should receive one refund for the entire amount. If you do not get the refund within three months, contact Social Security.

You may also be eligible for a refund of the Part B premiums that were taken out of your Social Security check for up to three months before you applied for MA. If DHS has not approved you for Medicare Buy-In for the three months before you applied, you can appeal.

This is the law we used to make this decision: 55 Pa. Code §§ 140.221, 181.1, 255.4

Your benefits will stay the same until there is a change in your case.

Because you are eligible for Medicaid, you should immediately end your federal premium tax credits or cost-sharing reductions if you are enrolled in a plan through the Federal Health Insurance Marketplace and you get help paying for coverage. If you still want a Marketplace plan while eligible for Medicaid, you will have to pay full price for your Marketplace plan, without premium tax credits or other cost sharing reductions.

(continued on next page)

RC/O: 980/B, 012

Record ID: 22/0385325

Mail Date: 10/02/2020

Page 1 of 18

909356011430000r09

PA162



Fair Hearing Form

1. Name: Chalmers Simpson

Record ID: 22/0385325

Phone number: 717-317-4587

Address: 636 Curtin St Fl 1
Harrisburg, PA 17110-2424

2. Tell us which program you want to appeal:

- Medical Assistance (MA)** - You must mail or give the form to the CAO before 11/01/2020.
- MA (Expedited Appeal)**: Check one of the following reasons for requesting an expedited Fair Hearing and provide details in the line next to the box you check below. An expedited Fair Hearing may be granted when it's determined that the normal time for review of an appeal would jeopardize your:
 - Life: _____
 - Health: _____, or _____
 - Ability to attain, maintain, or regain maximum function: _____

If you have medical documentation of your urgent health needs, please submit them with this fair hearing request.

- SNAP** - You must mail, call or give the form to the CAO before 12/31/2020. (for those applying for SNAP)

3. Tell us why you disagree with this decision (use back of page if necessary):

4. Do you want your SNAP benefits to continue at the same amount pending the hearing decision?

- Yes No

5. Choose the way you want your hearing:

- By telephone, at the phone number you write on this form. Make sure we can reach you at this phone number. The judge will call you, your witnesses, anyone helping you, and the CAO.
- By telephone, at the CAO. You will go to the CAO for your hearing. The judge will call you there in the office, and call anyone helping you.
- Face-to-face, with you and the people you bring in the hearing room with a judge and CAO staff on the phone. You must travel to the assigned Bureau of Hearings and Appeals office for a face-to-face hearing. The location will be assigned to you based on where you live.
- Face-to-face, with you and the people you bring in the hearing room with a judge and CAO staff in the hearing room. You must travel to the assigned Bureau of Hearings and Appeals office for a face-to-face hearing. The location will be assigned to you based on where you live.

You can ask for an interpreter to be at the fair hearing, or other assistance because of an impairment or other disability. This is a free service.

6a. Do you need a free interpreter? You may bring a friend or relative to help you at the hearing, but the department will provide the official interpreter.

- Yes No If yes, what language: _____

6b. If you will need help at the appeal because of a hearing impairment or other disability, please tell us how we can help you: _____

7. Signature: _____

8. Date: _____

9. Phone number (where you wish to be contacted): _____

RC/O: 980/B, 012



12/7/20

BENEFICIARY'S NAME: CHALMERS A SIMPSON JR

Your Social Security benefit will increase by 1.3% in 2021 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	\$887.00
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 19, 2020 or if someone else pays your premium, we show \$0.00)	\$0.00
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2021. If you did not elect withholding as of November 1, 2020, we show \$0.00)	\$0.00
U.S. Federal tax withholding	\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 19, 2020, we show \$0.00)	\$0.00
After we take any other deductions, you will receive the payment you are due for December 2020 on or about December 31, 2020.	\$887.00

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at www.godirect.org or call their Electronic Payment Solution Center at 1-800-333-1795. If outside the United States, please call 1-214-254-3113.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. The fastest and easiest way to file an appeal is to visit www.ssa.gov/benefits/disability/appeal.html online.

If You Have Questions

- Visit us at www.ssa.gov online.
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778).
- Contact your nearest Social Security office.

SUITE 810
555 WALNUT STREET
HARRISBURG PA 17101



Social Security Administration

LIFT TO OPEN

IMPORTANT SOCIAL SECURITY INFORMATION

⚠ SCAM ALERT ⚠

Scammers are pretending to be government employees. They may threaten you and may demand immediate payment to avoid arrest or other legal action. Do not be fooled!

If you receive a suspicious call:

- 1. HANG UP!**
 - 2. DO NOT GIVE THEM MONEY OR PERSONAL INFORMATION!**
 - 3. REPORT THE SCAM AT OIG.SSA.GOV**

U.S. GOVERNMENT PUBLISHING OFFICE: 2021-416-008/60019

Printed on recycled paper Form SSA-1926-SM-DI (1-2021)

Form SSA-1826-SM-DI (1-2021)

IND AUTO SCH 5-DIGIT 17101
371409/2068 4010
F4R10B-0091869

Securing today
and tomorrow



PENALTY FOR PRIVATE USE, \$300

6

PHILADELPHIA PA 19123-2999

SOCIAL SECURITY ADMINISTRATION
MID-ATLANTIC PROGRAM SERVICE CENTER
300 SPRING CAMPBELL ST.

PERMIT NO. G-11
ADMINISTRATION
SOCIAL SECURITY
POSTAGE AND FEES PAID
PRESORTED
FIRST-CLASS MAIL



ROP450
P.O. Box 7000
Providence, RI 02940



1-888-910-4100

Call Citizens' PhoneBank anytime for
account information, current rates and
answers to your questions.

Checking Account
Statement

1 OF 2

Beginning November 26, 2020
through December 08, 2020

AB 01 003413 45514 B 11 A



CHALMERS ALIXANDER SIMPSON JR
501 MACLAY ST APT 9
HARRISBURG PA 17110-2354

Checking

US010

SUMMARY

Balance Calculation

Previous Balance	19.74
Checks	.00 -
Withdrawals & Debits	19.74 -
Deposits & Credits	.00 +
Current Balance	.00 =

The \$9.99 monthly maintenance fee is waived when you make at least 1 deposit that is posted before the end of your statement period.

No deposit made.

Your next statement period will end on January 27, 2021.

Previous Balance

19.74

TRANSACTION DETAILS

Withdrawals & Debits

Other Withdrawals & Debits

Date	Amount	Description
12/07	19.74	Debit Memo Closed-F

Total Withdrawals & Debits

19.74



	Total For This Period	Total Year-To-Date
Total Overdraft Fees	.00	90.00
Total Returned Item Fees	.00	35.00

Current Balance

.00



Daily Balance

Date	Balance	Date	Balance	Date	Balance
12/07	.00				

NEWS FROM CITIZENS

--Transferring money online just got a little easier! Discover the speed and convenience of online money transfers now with no fee! To learn more visit citizensbank.com- you can also view helpful online banking demos and links to download our mobile banking app.



pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dmv.pa.gov

Received
5/25/21

CHALMERS A SIMPSON JR
501 MACLAY ST APT 9
HARRISBURG PA 17110

**RETURN CHECK NOTICE
03/03/20**

IN REPLY REFER TO:

RETURN CHECK SECTION	
INFORMATION	(8:00 AM TO 5:00 PM)
PENNSYLVANIA	717-412-5300
OUT OF STATE	717-412-5300
TTY	711

CASE NUMBER: 2002184

THIS DEPARTMENT IS IN RECEIPT OF CHECK(S) WRITTEN BY YOU AND RETURNED BY YOUR BANK AS UNCOLLECTIBLE FOR THE REASON LISTED BELOW:

REASON: APPEAL PENDING

BANK: CITIZENS BANK

ACCT NO:

CHECK NO:

100

FACE AMT:

\$1,111.20

PENALTY:

140.00

CREDIT TO DATE:

951.20

TOTAL AMT DUE:

\$300.00

Pay \$100.00

on

6/15/21

TO SETTLE THIS ACCOUNT YOU MUST REMIT A CERTIFIED CHECK OR MONEY ORDER IN U.S. DOLLARS MADE PAYABLE TO THE COMMONWEALTH OF PENNSYLVANIA FOR THE AMOUNT DUE. FAILURE TO RESPOND WITHIN 30 DAYS WILL RESULT IN A SUSPENSION BEING PLACED ON YOUR DRIVERS LICENSE OR VEHICLE REGISTRATION. PLEASE RETURN THIS NOTICE WITH YOUR PAYMENT TO:

**BUREAU OF MOTOR VEHICLES
ACCOUNTING SERVICES
RETURN CHECK UNIT
HARRISBURG, PA 17106-8610**

DT OF CK 01/11/20

DT OF DEP 02/05/20..OV

04/23/21 PAYMENT 27145465863 FROM 04/13/21 WAS RECEIVED AND APPLIED

21113 3319 004060 001 82500 100.00 04/23/21

CASE HAS BEEN REFERRED, PLEASE MAIL ANY FURTHER CORRESPONDENCE TO THE AG'S OFFICE AT CIVIL LAW DIVISION PENNSYLVANIA ENFORCEMENT SECTION, AG OFFICE, STRAWBERRY SQUARE, 15TH FLOOR, HARRISBURG, PA 17120

WID NO: 20063 3304 000300 001

TITLE NO: 7369111

Western Union WU

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Englewood, Colorado

MONEY ORDER

19-262831874

A 247033 D 060121
T 1458 AS
192628318744 L 000000

\$ 10.00

PAY EXACTLY **TEN DOLLARS AND NO CENTS**

PAY TO THE

OWNER OF PPL UTILITIES CO NO 27010-7807

PAYMENT FOR ACCT #

PO BOX 5533 HARRISBURG, PA 17110 CHALMERS A SIMPSON, JR

1021004001 40192628318744

MONEY ORDER RECEIPT - NON NEGOTIABLE

PPL UTILITIES CO NO 27010-7807You can now use cash to pay for millions of Amazon.com products
Amazon PayCode at participating Western Union Agent locations.
Find out more at wu.com/amazon

AGT 247033 LOC 000000 DT 060121 \$10.00 10DOLLARS AND NO CENTS

Payable to:
NEVER THIS MONEY ORDER INSCRIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the completed Money Order before presenting it to the receiver.

PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-999-9660.

* 19262831874 *



LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP

Return this stub in the envelope provided with a check payable to PPL Electric Utilities.

Sign up for Automatic Bill Pay
on the back of this bill stub.

FP 01 046936 81580 B 205 A TOTAL \$60,00

CHALMERS A SIMPSON
P.O BOX
5533
HARRISBURG, PA 17110

BNI Acct No:	27010-7807	Amount Due:
June 20, 2021		50.00

Amount Enclosed:

<input type="text"/>	5	0	0						
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	---	---	---

PPL ELECTRIC UTILITIES
2 NORTH 9TH STREET CPC-GENN1
ALLENTOWN, PA 18101-1175

1 8800011424780001142477 2701078071



Pay/Manage your
account online at
pplelectric.com

Questions? Please
contact us by Dec 21.
1-800-DIAL-PPL
(1-800-342-5775)
Mon-Fri: 8am to 6pm

Bill Acct. No.	Due Date	Amount Due
27010-78071	Dec 21, 2020	\$113.00

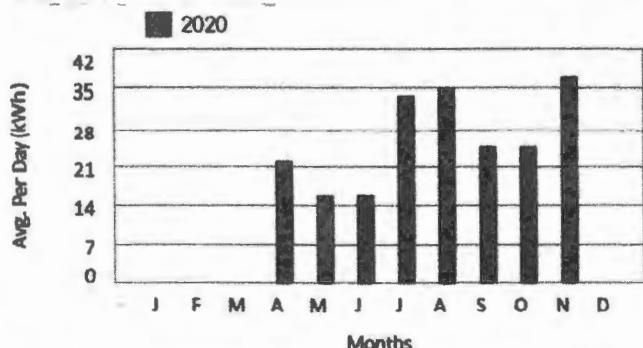
Your Electric Usage Profile

Service to:
CHALMERS A SIMPSON
636 CURTIN ST
HARRISBURG, PA 17110
Meter: 301537520
Your next meter reading is on or about Dec 29, 2020.

This section helps you understand your electric use by month. Meter readings are actual unless otherwise noted.

This graph shows the average number of kWh you used each day. You used 1089 kWh in 29 days, or an average of 37 kWh a day.

The average daily temperature for your area last month was 49F.



Billing Period	Type	Reading
Nov 25	Actual	6397
Oct 27	Actual	5308
29 Days	kWh Billed	1089

OnTrack Billing Details

Current Charges - Oct 27 - Nov 25

Your OnTrack Monthly Payment
Catch-up Amount

\$57.00

\$56.00

Total PPL Electric Utilities Charges

\$113.00

Amount Due By Dec 21, 2020

\$113.00

How To Shop For Electricity

You can choose the company that supplies your electricity.

Visit papowerswitch.com or www.oca.state.pa.us for supplier offers.

If you are shopping, know your contract expiration date.

Here's the information you need to shop:

Bill Account Number: 27010-78071 Rate Schedule: RS (Residential)

Current Supplier: PPL Electric Utilities

PPL Electric Utilities price to compare for your rate is \$0.07284 per kWh.

This changes the 1st of June and December.

General Information

- Actual Charges for 0 kV
- OnTrack makes your bill difference between your Actual Bill \$137.52 & 0
- \$5 of your OnTrack payment each month.
- You are not making includes a catch-up stay in this program
- OnTrack payment a the cost of the previous November 2020 th

ST 27.52

Actual Bill

0

OnTrack

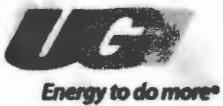
5

Actual Bill

137.52

OnTrack

137.52



UGI Utilities, Inc.
225 Morgantown Road
Post Office Box 13009
Reading, PA 19612-3009

May 22, 2021

Chalmers Simpson
PO Box 5533
Harrisburg, PA 17110-0533

Customer Number: 411001073849

Dear Chalmers Simpson,

Your CAP recertification is due within 30 days. This process will confirm your continued eligibility to remain on the program. The CAP recertification process includes providing household occupant information, current proof of income for all household members and a valid photo identification.

For your convenience, UGI has enclosed a recertification application. Please mail the completed application and your supporting documents to Harrisburg Salvation Army at 506 S 29th St Harrisburg, PA 17104. If you need assistance in completing this application, please call (717)233-6755.

Failure to recertify and verify your current income within 30 days may result in removal from program.

If you have any questions about your CAP bill, please call UGI at 1-800-276-2722.

We look forward to your continued participation in CAP.

Sincerely,

UGI Customer Outreach Department

Payable at UGI Utility Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

MONEY
ORDER

19-259677025

4 247032 D 050621
1425 LC
192596770252 L 000000

\$10.00

PAY EXACTLY TEN DOLLARS AND NO CENTS

PAY TO THE ORDER OF UGI UTILITY BILL NO 411001073849 PAYMENT FOR/ACCT. #

PO BOX 5533 HARRISBURG, PA 17110 CHALMERS A SIMPSON, JR

PURCHASED AT WESTERN UNION MONEY ORDER

1021004001 40192596770252*

MONEY ORDER RECEIPT - NON NEGOTIABLE

LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP

UGI UTILITY BILL NO 411001073849

You can now use cash to pay for millions of Amazon.com products
Amazon PayCode at participating Western Union Agent locations.
Find out more at wu.com/amazon

AGT 247032 LOC 000000 DT 050621 \$10.00 10DOLLARS AND NO CENTS

Payable to:
 RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the ~~original~~ Money Order before providing it to the receiver.

PURCHASE AGREEMENT: You, the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or exchange or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-999-9990.

* 19259677025 *



Keep this part for your record. Important information is on the back of this slip.



Energy to do more®

AV 01 009779 88552B 42 A**5DGT

 ███
 CHALMERS SIMPSON JR
 PO BOX 5533
 HARRISBURG PA 17110-0533

 UGI Utilities, Inc.
 PO Box 15503
 Wilmington, DE 19886-5503

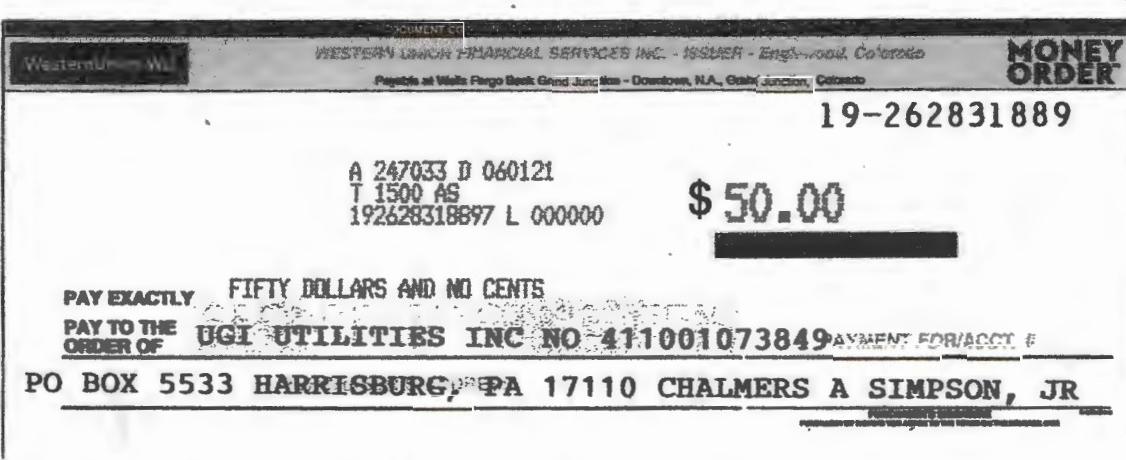
 Account Number
 411001073849

 Please pay by the due date
 to avoid the late charge.
 Please return this portion
 with your payment.

Due Date
May 27, 2021
Amount Due
\$13.97
With Late Charge
\$13.97

On 5/13/21 Paid \$20.00

4110010738490100000001397000000013979



102100400 40192628318897*

MONEY ORDER RECEIPT - NON NEGOTIABLE
MONEY ORDER RECEIPT - NON NEGOTIABLE

UGI UTILITIES INC NO 411001073849

You can now use cash to pay for millions of Amazon.com products
Amazon PayCode at participating Western Union Agent locations.
Find out more at wu.com/amazon

AGT 247033 LOC 000000 BT 060121 \$50.00 50DOLLARS AND NO CENTS

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REBILLS REQUESTED. BE SURE TO SEND IMPORTANT INFORMATION RELATING AND OR RECALL. For your own records, it is recommended that you make a photocopy of the **contested Money Order before providing it to the receiver.**

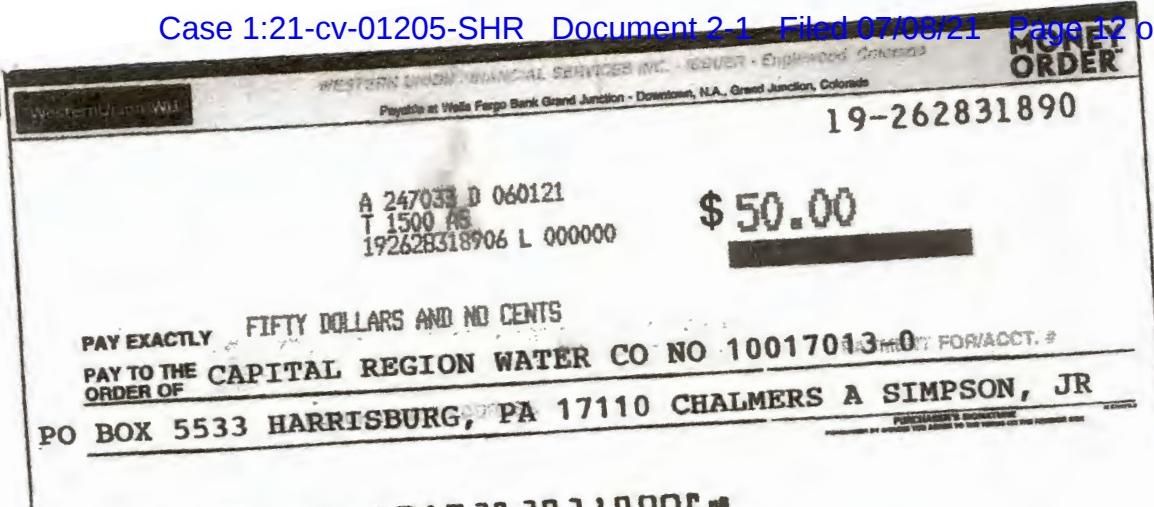
PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-339-5500.

* 1 9 2 6 2 8 3 1 8 8 9 *



LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP



LOAD THIS DIRECTION, THIS SIDE UP

102100400: 40192628318906*

MONEY ORDER RECEIPT - NON NEGOTIABLE

CAPITAL REGION WATER CO NO 10017013-0

You can now use cash to pay for millions of Amazon.com products
Western Union Agent locations. Simply come to one of our Agent
cash to your Amazon Balance with Amazon Cash. Find out more at [amazon.com](#)

AGT 247033 LOC 000000 DT 060121 \$50.00 50DOLLARS AND NO CENTS

Payable to:
WESTERN UNION MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REBUSED REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the completed Money Order before providing it to the receiver.
PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not show payment on, or replace, any lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-999-0680.

* 19262831890 *



	10017013-0
ACCT NUMBER	10017013-0
STREET ADDRESS	130557
STORMER NAME	ALAN INVESTMENTS III LLC
DUCE ADDRESS	636 CURTIN ST
LNG DATE	11/26/2018

000001001701300000025921

ALAN INVESTMENTS III LLC
16 BERRYHILL RD
SUITE 200
COLUMBIA SC 29210

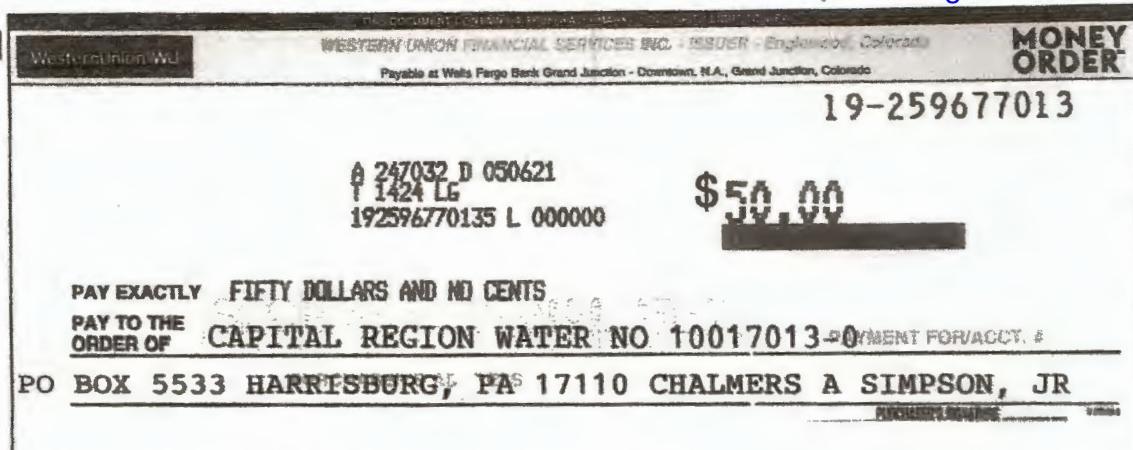
6/2/21

AMOUNT NOW DUE	\$50.00
DUE DATE	6/2/21
AFTER DUE DATE PAY	
Please make checks payable to: Capital Region Water	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check
<input checked="" type="checkbox"/> Money Order	
AMOUNT PAID	\$50.00

Capital Region Water
PO Box 826429
Philadelphia, PA 19182-6429

www.capitalregionwater.com/

DETACH



102100400 40192596770135#

LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP

MONEY ORDER RECEIPT - NON NEGOTIABLE
MONEY ORDER RECEIPT - NON NEGOTIABLE

CAPITAL REGION WATER NO 10017013-0

You can now use cash to pay for millions of Amazon.com products.
Amazon PayCode at participating Western Union Agent locations.
Find out more at wu.com/amazon

AGT 247032 LOC 000000 DT 050621 \$50.00 50DOLLARS AND NO CENTS

Payable to:
RETURN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL RELATED DOCUMENTS. BE SURE TO READ IMPORTANT
INFORMATION PRINTED ON BACK. For your own records, it is recommended that you make a photocopy of the **RECEIVED** Money
Order before providing it to the recipient.

PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment
on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of
purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide
WUFSI with the original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer
service, call 1-800-964-0650.

* 19259677013 *



ACCOUNT NUMBER	10017013-0
CID:	130557
CUSTOMER NAME	ALAN INVESTMENTS III LLC
SERVICE ADDRESS	636 CURTIN ST
BILLING DATE	11/26/2018

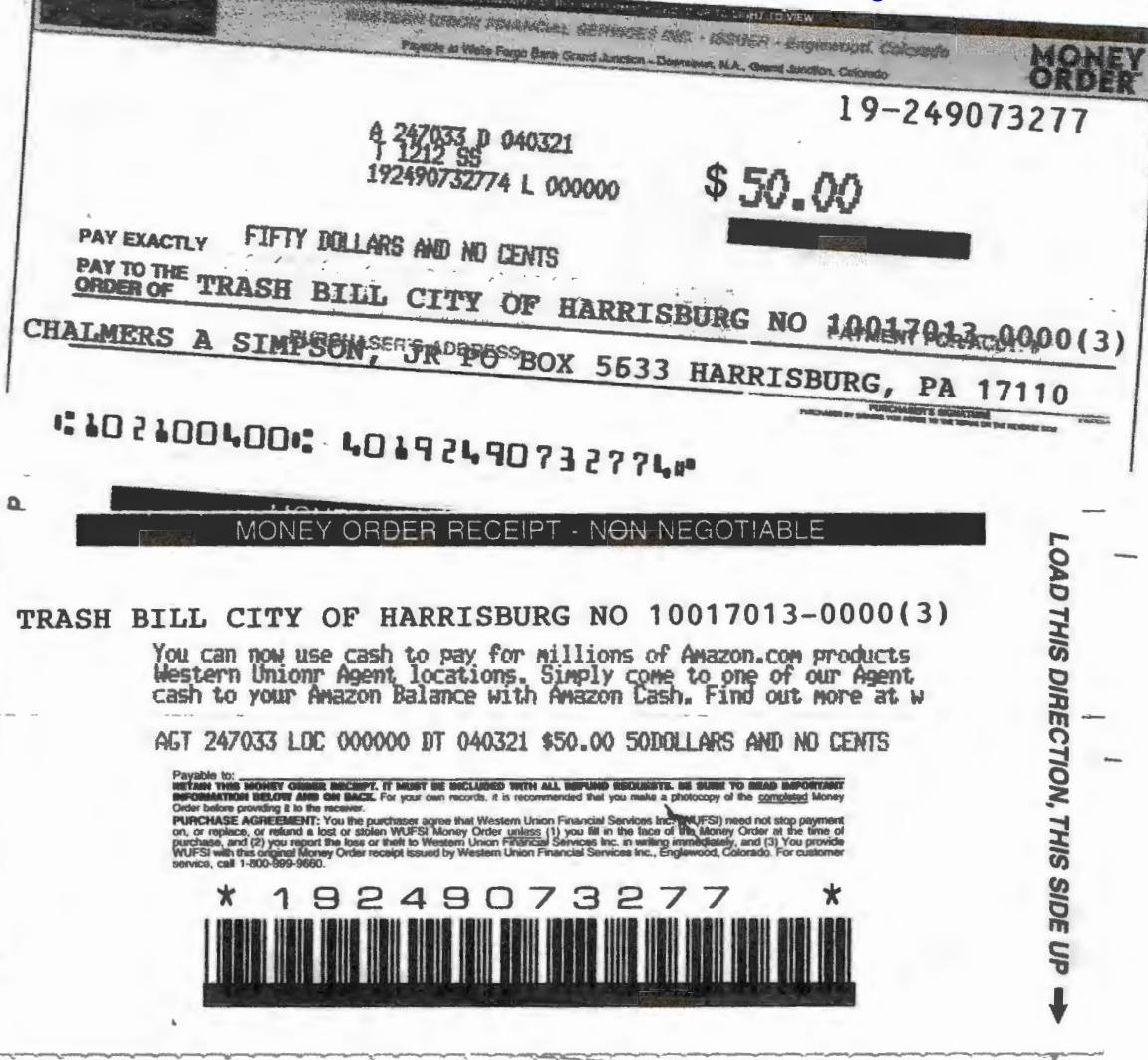
00000100170130000025921

ALAN INVESTMENTS III LLC
16 BERRYHILL RD
SUITE 200
COLUMBIA SC 29210

5/7/21

AMOUNT NOW DUE	25.92
DUE DATE	5/7/21
AFTER DUE DATE PAY	
Please make checks payable to: Capital Region Water	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check
<input checked="" type="checkbox"/> Money Order	
AMOUNT PAID	\$50.00

Capital Region Water
PO Box 826429
Philadelphia, PA 19182-6429



THE CITY OF HARRISBURG MONTHLY UTILITY BILLING

PAST DUE CHARGES ARE DUE IMMEDIATELY.

ACCOUNT NUMBER
10017013-0000(3)

BILL DATE
06/26/2019

DUE DATE
07/15/2019

AMOUNT DUE
470.02

PROPERTY ADDRESS
636 CURTIN ST

100170130000

0000065721 012155

PROPERTY OWNER
ALAN INVESTMENTS III LLC

AMOUNT PAID: \$ 50.00

ALAN INVESTMENTS III LLC
16 BERRYHILL RD STE 200
COLUMBIA SC 29210-6433

JUL 01 2019

K3PA33



FIRST JUDICIAL DISTRICT OF PENNSYLVANIA

PHILADELPHIA MUNICIPAL COURT

TRAFFIC DIVISION

800 SPRING GARDEN STREET

P.O. BOX 56301

PHILADELPHIA, PENNSYLVANIA 19130-6301

(855) 868-1675

HTTP://WWW.PHILACOURTS.US/TRAFFIC

PATRICK F. DUGAN
PRESIDENT JUDGEGARY S. GLAZER
ADMINISTRATIVE JUDGESIMPSON CHALMERS, ALIXANDER
PO BOX 5533
HARRISBURG PA 17110-0533

5/25/21

05/11/2021

INSTALLMENT PAYMENT ORDER REMINDER

Please review the following details regarding your Payment Installment Order and the date on which payment is due:

Account Information				
Plan #	Statement Date	Payment Due Date	# of Citations Enrolled	Minimum Payment Due
901139230	05/11/2021	05/25/21	11	\$10.00

Balance Summary		
Original Balance Due	Less Payments Made	Remaining Balance Due
\$3,827.50	\$410.00	\$3,417.50

Failure to remit payment by the specified due date listed above will place you in DEFAULT. If this occurs, the following sanctions may go into effect:

- A WARRANT will be issued for your arrest, and a warrant cost will be added to your account.
- An additional fee of \$25.00 may be added to each citation on the plan.
- Your driver's license will be SUSPENDED.
- Any vehicle you own may be subject to IMMEDIATE IMPOUNDMENT by the Philadelphia Police Department or the Philadelphia Parking Authority.
- If your vehicle becomes eligible for impoundment, a \$75.00 fee will be added to your account.

PAYMENT INSTRUCTIONS:

- ✓ PAY BY INTERNET: Pay on the web at <HTTP://WWW.PHILACOURTS.US/TRAFFIC>
- ✓ PAY BY PHONE: Pay via interactive voice response system at (855) 868-1675
- ✓ PAY IN PERSON: Pay in person at the Philadelphia Municipal Court, Traffic Division, Monday through Friday, from 8:30 a.m to 6:30 p.m. Payment methods accepted include cash, check, money order, Visa, and Mastercard.
- ✓ PAY BY MAIL: Make check or money order payable to Philadelphia Municipal Court, Traffic Division. Please be sure to include citation number(s) or payment plan number. Mail check to P.O. Box 56301, Philadelphia, PA 19130-6301.

If paying by mail, detach and mail this portion with your check or money order to:

Philadelphia Municipal Court, Traffic Division

P.O. Box 56301

Philadelphia, PA 19130-6301

License:	Installment Plan #:	Payment Due Date:	Minimum Payment Due:	New Balance:
PA28646360	901139230	05/25/21	\$10.00	\$3,417.50

Court No

36146044

Payment Amount Enclosed: \$, . 10 . 00 Address Change? Check box & write changes on back

* F 0 4 8 6 6 2 6 0 *



CUSTOMER'S RECEIPT

SEE BACK OF THIS RECEIPT
FOR IMPORTANT CLAIM
INFORMATION

**NOT
NEGOTIABLE**

Pay to COMCAST XFINITY NO 8993 11 091 1437712	KEEP THIS RECEIPT FOR YOUR RECORDS
Address PO BOX 70219	
PHILADELPHIA, PA 19176-0219	

Serial Number

Year, Month, Day Post Office Amount Clerk

2021-06-15 171100 \$50.00 51

27145488947

POSTAL MONEY ORDER

Serial Number

Date Post Office U.S. Dollars and Cents

27145488947**\$50.00**

Fifty Dollars and 00/100

Amount

Pay to **COMCAST XFINITY NO 8993 11 091 1437712** Clerk 51

Address **PO BOX 70219** Recipient **CHALMERS A SIMPSON, JR**

PHILADELPHIA, PA 19176-0219 Addressee **PO BOX 5533**

Memo **INTERNET BILL** Destination **HARRISBURG, PA 17110**

10000080020

SEE REVERSE WARNING • NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS

27145488947

Inity

WAY
FORD MA 01824
0 RP 10 2021 10 YN 00000000000000000000
RS SIMPSON
533
URG, PA 17110-0533

6/15/21

Account number **8993 11 091 1437712**
 Balance forward due now **\$72.60**
 New charges due Jun 02, 2021 **\$76.15**
 Total amount due **\$148.75**
 Amount enclosed **\$ 50.00**

Send payment to
COMCAST
P.O. BOX 70219
PHILADELPHIA PA 19176-0219

Make checks payable to Comcast
 Do not send cash

Pay on **6/15/21**

For **7/1/21**

MONEY
ORDER

19-262831886

A 247033 D 060121
T 1500 AS
192628318861 L 000000

\$ 5.00

PAY EXACTLY FIVE DOLLARS AND NO CENTS

PAY TO THE UC SERVICE CENTER NO 0993

PAYMENT FOR/ACCT. #

PO BOX 5533 HARRISBURG, PA 17110 CHALMERS A SIMPSON, JR.

102100400 40192628318861*

MONEY ORDER RECEIPT - NON NEGOTIABLE

UC SERVICE CENTER NO 0993

You can now use cash to pay for millions of Amazon.com products
 Amazon PayCode at participating Western Union Agent locations.
 Find out more at wu.com/amazon

AGT 247033 LOC 000000 DT 060121 \$5.00 5DOLLARS AND NO CENTS

Payable to:
 RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REQUESTS. BE SURE TO READ IMPORTANT
 INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the Generated Money
 Order before providing it to the receiver.PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFS) need not stop payment
 on, or replace, or refund a lost or stolen WUFS Money Order unless (1) you fill in the face of the Money Order at the time of
 purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide
 WUFS with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer
 service, call 1-800-359-0600.

* 19262831886 *



LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP

STATEMENT FOR YOUR RECORDS.

 DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT
 MAKE FULL PAYMENT NOW TO AVOID COLLECTION ACTIVITIES.

Balance Due: \$294.28

If the name or address shown below is incorrect,
 please correct.
 C A SIMPSON
 PO BOX 5533
 HARRISBURG, PA 17110-2354

6/5/21

Social Security Number: 196-52-9880

UC Service Center: 0993

Minimum Payment: \$30.00

Payment Enclosed:

Payment Made By: Check Money Order
 (Include your Social Security number on your check or money order.)

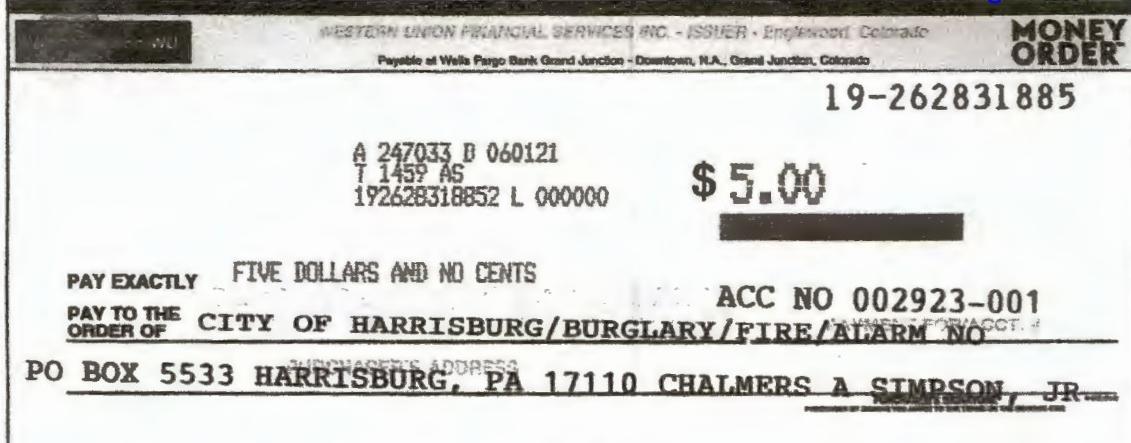
Mail payment to: Office of UC Benefits, ATTN: UI Payment Services, P.O. Box 67503, Harrisburg, PA 17106-7503

PLEASE SEE THE BACK OF THIS FORM FOR ADDITIONAL INFORMATION.

\$5.00



1 2 7 1 2 5 1



LOAD THIS DIRECTION, THIS SIDE UP

CITY OF HARRISBURG/BURGLARY/FIRE/ALARM NO 002923=001

Use cash to pay for millions of Amazon.com products with Amazon participating Western Union Agent locations or add cash to you with Amazon Cash, then shop on Amazon.com. Find out more at WU.

AGT 247033 LOC 000000 DT 060121 \$5.00 5DOLLARS AND NO CENTS

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL DISPUTED REQUESTS. BE SURE TO READ IMPORTANT INFORMATION FOLLOWING ON BACK. For your own records, it is recommended that you make a photocopy of this **Western Union Money Order** before providing it to the customer.

PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFS) need not stop payment on, or replace, or refund a lost or stolen WUFS Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide WUFS with the original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-939-9660.

*** 19262831885 ***



LOAD THIS DIRECTION, THIS SIDE UP

ACCOUNT: 002923-001

ON 6/3/21 Pay For \$5.00

TOTAL AMOUNT: 210.00

******RETURN THIS PORTION WITH YOUR PAYMENT TO INSURE PROPER CREDITING OF ACCOUNT******

City of Harrisburg - Burglar/Fire Alarm Billing

PHONE NUMBER: 255-6513
INVOICE DATE: 07/16/2020

PAYMENT TO BE MADE UPON RECEIPT

MAKE CHECK PAYABLE TO: CITY TREASURER

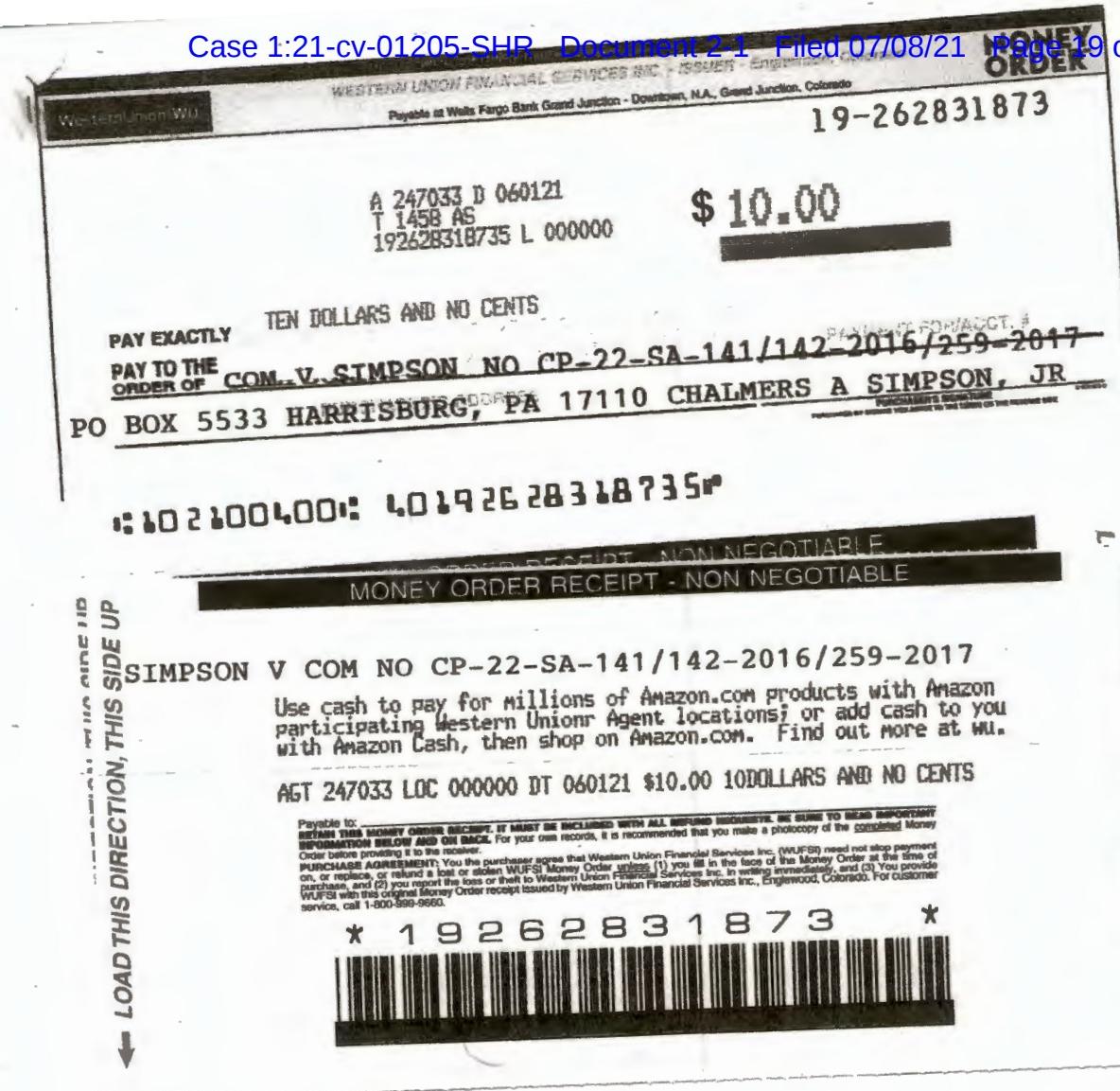
MAIL PAYMENT TO: 10 N. 2nd Street - Suite 103, Harrisburg, PA 17101

THIS BILL REFLECTS PAYMENTS THROUGH: 07/16/2020

ACCOUNT #:	DESCRIPTION	AMOUNT
002923-001		

PAST DUE CHARGES (DUE IMMEDIATELY)

210.00



Responsible Participant: Chalmers Alixander Simpson Jr.

Docket Number: CP-22-SA-0000141-2016

Short Caption: Comm. v. Simpson, Chalmers Alixander Jr.

Pay 6/3/21 For \$16.97

Short Caption: Comm. v. Simpson, Chalmers Alixander Jr.

Pay 6/3/21 For \$15.00

Short Caption: Comm. v. Simpson, Chalmers Alixander Jr.

Pay 6/3/21 For \$15.00

Total Amount Owed by Responsible Participant on this case:

Docket Number: CP-22-SA-0000142-2016

Short Caption: Comm. v. Simpson, Chalmers Alixander Jr.

Total Amount Owed by Responsible Participant on this case:

Docket Number: CP-22-SA-0000259-2017

Short Caption: Comm. v. Simpson, Chalmers Alixander Jr.

Total Amount Owed by Responsible Participant on this case:

Next Payment Due Date: 06/30/2021

Next Payment Amount: 5.00

Total Amount Owed by Responsible Participant on all non-archived cases in this Court:

\$5,161.07

Payment Summary:

MONEY ORDER

19-262831884

A 247033 D 060121
T 1459 AS
192628318843 L 000000

\$ 5.00

PAY EXACTLY **FIVE DOLLARS AND NO CENTS**
 PAY TO THE
 ORDER OF **COM V SIMPSON NO CR-2098-2016** PAYMENT FOR/ACCT. #
PO BOX 5533 HARRISBURG, PA 17110 CHALMERS A SIMPSON, JR.

1021004001 40192628318843#

MONEY ORDER RECEIPT - NON NEGOTIABLE**COM V SIMPSON NO CR-2098-2016**

You can now use cash to pay for millions of Amazon.com products Western Union Agent locations. Simply come to one of our Agent cash to your Amazon Balance with Amazon Cash. Find out more at [amazoncash.com](#)

AGT 247033 LOC 000000 DT 060121 \$5.00 5DOLLARS AND NO CENTS

Payable to:
 RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO SEND ENVELOPE
 NUMBERED INSIDE AND ON BACK. For your own records, it is recommended that you make a photocopy of the completed Money
 Order before providing it to the receiver.
 PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment
 or, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you tell in the face of the Money Order at the time of
 purchase that you want to stop payment, or (2) you contact Western Union Financial Services Inc. in writing immediately, and (3) You provide
 WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer
 service, call 1-800-999-0660.

* 19262831884 *



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LOAD THIS DIRECTION, THIS SIDE UP

Responsible Participant: Chalmers Alexander Simpson Jr.**DOCKET NO CR-2098-2016 FOR \$5,00****Short Caption: Comm. v. Simpson, Chalmers Alexander Jr.****Total Amount Owed by Responsible Participant on this case:****\$24.92****Next Payment Due Date: 04/30/2021****Next Payment Amount: 5.00****Total Amount Owed by Responsible Participant on all non-archived cases in this Court:****\$5,204.27****Payment Summary:**

Total Payment Received:	\$	5.00
Change Amount:	\$	0.00
Retained Unapplied Amount:	\$	0.00
Payments Less Change:	\$	5.00

6/7/21
on
For \$5.00

Comments:**RETAIN THIS RECEIPT FOR YOUR RECORDS**

Commonwealth of Pennsylvania
Court of Common Pleas
County of Dauphin
12th Judicial District



RECEIPT

Receipt Number: 22-2021-R000023123
Recorded Date: 04/08/2021 01:39PM
Receipt Date: 04/08/2021

Payor: Chalmers Alexander Simpson Jr.
501 Maclay St Apt 9
Harrisburg, PA 17110

Payable to: Dauphin County Courthouse
Fines and Costs
101 Market Street
Harrisburg, PA 17101

Payment Source: Mail

Payment Date	Payment Method	Check / Money Order Number	Bank Transit Number	Void	Payment Amount
04/08/2021	Money Order	19-249073271		No	\$10.00

Responsible Participant: Chalmers Simpson

on 5/7/21 payed - \$5.00

Total Amount Owed by Responsible Participant on this case:

Docket Number: CP-SA-22-259-2017 and
CP-SA-22-141/142-2016

Short Caption: Comm. v. Simpson, Chalmers Alexander
Jr.

Total Amount Owed by Responsible Participant on this case: \$19.92

Next Payment Due Date: 05/31/2021

Next Payment Amount: 5.00

Total Amount Owed by Responsible Participant on all non-archived cases in this Court:

\$5,181.07

Payment Summary:

Total Payment Received:	\$	10.00
Change Amount:	\$	0.00
Retained Unapplied Amount:	\$	0.00
Payments Less Change:	\$	10.00

Comments:

RETAIN THIS RECEIPT FOR YOUR RECORDS

You can now make case payments online through Pennsylvania's Unified Judicial System web portal. Visit the portal at <https://ujsportal.pacourts.us/epay> to make a payment and learn more. Currently, Epay is available for Criminal and Summary Appeal docket types and for participating counties, Miscellaneous or Juvenile Delinquency docket types.





Account Number
8993 11 091 1437712

Billing Date
Jun 10, 2021

Services From
Jun 15, 2021 to Jul 14, 2021

Page
1 of 3

Hello Chalmers Simpson,

Thank you for choosing Xfinity from Comcast.

Your bill at a glance

For 826 CURTIN ST, HARRISBURG, PA, 17110-0424

Previous balance		\$148.75
Payments - thank you	Page 3	-\$100.00
Balance forward due now		\$48.75
Regular monthly charges	Page 3	\$49.95
Installment & One-time charges	Page 3	\$25.00
Taxes, fees and other charges	Page 3	\$1.20
New charges due Jul 03, 2021		\$76.15

Amount due **\$124.90**

! Your account is past due

Your account is past due, so you may have been charged a late fee. To keep your services, please pay the balance forward now. Thanks!

Need help?

Visit xfinity.com/customersupport or see page 2 for other ways to contact us.

Detach the bottom portion of this bill and enclose with your payment

Please write your account number on your check or money order

Do not include correspondence with payment



PO BOX 6505
CHELMSFORD MA 01824
99939900 NO RP 10 20210610 NNNNNNNN 0012511 0041

CHALMERS SIMPSON
PO BOX 5533
HARRISBURG, PA 17110-0533



Account number	8993 11 091 1437712
Balance forward due now	\$48.75
New charges due Jul 03, 2021	\$76.15
Total amount due	\$124.90

Amount enclosed **\$**

Make checks payable to Comcast
Do not send cash

Send payment to
COMCAST
P.O. BOX 70219
PHILADELPHIA PA 19176-0219



899311091143771200124909



PRODUCER TELEPHONE: 717-233-1160
 ACCEPTANCE INS AGY OF TN INC
 101 S 25TH ST STE 11-B
 HARRISBURG PA 17104-2103

INVOICE

BRISTOL WEST
 INSURANCE GROUP

Underwritten by
BRISTOL WEST INSURANCE COMPANY

Questions about your policy?

Call Service Operations at 1-888-888-0080

Please refer to the back of this form for payment options.

¿Tiene preguntas acerca de su póliza?

Llame al servicio al consumidor al 1-888-888-0080

Por favor consulte al reverso de este formulario para información acerca de las opciones de pago.

CHALMERS SIMPSON
 PO BOX 5533
 HARRISBURG PA 17110-2424

Billing Summary For:

Policyholder	Policy Number	Effective Date	Expiration Date	Issue Date	Installment #															
CHALMERS SIMPSON	G01 0197640 04	05/13/21	11/13/21	05/30/21	02															
Summary																				
<table border="1"> <thead> <tr> <th>Last Payment Received 05/18/21</th><th>Amount</th></tr> </thead> <tbody> <tr> <td>-\$130.00</td><td></td></tr> <tr> <td>Total Amount Paid</td><td>-\$130.00</td></tr> <tr> <td>Outstanding Policy Balance</td><td>\$694.00</td></tr> </tbody> </table>						Last Payment Received 05/18/21	Amount	-\$130.00		Total Amount Paid	-\$130.00	Outstanding Policy Balance	\$694.00							
Last Payment Received 05/18/21	Amount																			
-\$130.00																				
Total Amount Paid	-\$130.00																			
Outstanding Policy Balance	\$694.00																			
Detail																				
<table border="1"> <thead> <tr> <th>Previous Balance</th><th>Amount</th></tr> </thead> <tbody> <tr> <td>\$0.00</td><td></td></tr> <tr> <td>New Charges/Credits</td><td>\$152.91</td></tr> <tr> <td>Installment Fee</td><td>\$12.00</td></tr> <tr> <td>Paper Documents Fee</td><td>\$0.66</td></tr> </tbody> </table>						Previous Balance	Amount	\$0.00		New Charges/Credits	\$152.91	Installment Fee	\$12.00	Paper Documents Fee	\$0.66					
Previous Balance	Amount																			
\$0.00																				
New Charges/Credits	\$152.91																			
Installment Fee	\$12.00																			
Paper Documents Fee	\$0.66																			
<table border="1"> <thead> <tr> <th>Amount Due By 06/13/21</th><th>Amount</th></tr> </thead> <tbody> <tr> <td>Fecha de Vencimiento 06/13/21</td><td>\$152.91</td></tr> </tbody> </table>						Amount Due By 06/13/21	Amount	Fecha de Vencimiento 06/13/21	\$152.91											
Amount Due By 06/13/21	Amount																			
Fecha de Vencimiento 06/13/21	\$152.91																			
SCHEDULE OF PAYMENTS <table border="1"> <thead> <tr> <th>Install No.</th><th>Due Date</th><th>Amount*</th></tr> </thead> <tbody> <tr> <td>03</td><td>07/13/21</td><td>\$147.27</td></tr> <tr> <td>04</td><td>08/13/21</td><td>\$147.27</td></tr> <tr> <td>05</td><td>09/13/21</td><td>\$147.27</td></tr> <tr> <td>06</td><td>10/13/21</td><td>\$147.28</td></tr> </tbody> </table>						Install No.	Due Date	Amount*	03	07/13/21	\$147.27	04	08/13/21	\$147.27	05	09/13/21	\$147.27	06	10/13/21	\$147.28
Install No.	Due Date	Amount*																		
03	07/13/21	\$147.27																		
04	08/13/21	\$147.27																		
05	09/13/21	\$147.27																		
06	10/13/21	\$147.28																		
Amount also includes the following fees: Installment, Paper Documents																				

Late payments could result in cancellation of your insurance. Payments will be used to satisfy any balance due on previous policy terms. If the full payment is not Postmarked by the Due Date, a late fee of \$10.00 will also apply.

NT1 (03/15)	INSURED	DETACH ALONG PERFORATION	RETURN BOTTOM PORTION WITH YOUR PAYMENT	
			Desprenda esta nota en el área perforada y regréssala con su pago.	
INSURED	BP LOC MCO PCO ST	POLICY NUMBER		
CHALMERS SIMPSON PO BOX 5533 HARRISBURG PA 17110-2424	DV 00 33 00 PA	G01 0197640 04		

Payment Due Date: 06/13/21

Minimum Amount Due: \$152.91

Pay your bill online using www.bristolwest.com

Amount Enclosed:

Change of Address
 See reverse side

003300G010197640040200PA 00000015291 061321 1 2